

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PM	689	7/5/00
O.I.P.E. CLASSIFIER	SC	45	7/10/00
FORMALITY REVIEW	JK	835	8/15/00
RESPONSE FORMALITY REVIEW	ma	549	12-13-00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/2/00
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
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10	✓	✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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